

Exhibit 16

Complete the information below to authorize a Wire Transfer. All fields in **BOLD** are required information.

Originator (Sender) Information			
Name/Title of Account Sukenik, Segal & Graff PC		Account Number 61768742	Type of Account
Street Address (No PO Box) 404 5th Avenue			
City New York	State/Province NY	Zip 10018	Country
Telephone Number 212-725-9300		Wire Sent on Behalf of (If applicable):	
Wire Transfer Currency Selections and Amounts			
Check Destination:	For international wires, funds will be sent in the currency of the destination country, where available.		
<input checked="" type="checkbox"/> International (Outside US)	If you wish for the funds to be sent in US Dollars (Funds will be converted by local Bank, unless recipient has a US dollar account), please indicate by checking this box: <input type="checkbox"/>		
Currency Type if International (Name of Country and Unit)		Amount in Words SEVEN MILLION DOLLARS	
US Dollar Amount In Numbers: \$7,000,000		OR	Foreign Currency Amount in Numbers:
Beneficiary (Receiver) Information			
Name COMPAGNIE PRIVEE DE CONSEILS ET D'INVESTISSEMENTS SA		Telephone Number	
Street Address			
City	State/Province	Zip	Country
Account Number		International Bank Account Number (IBAN) (Required if sending Euros) CH93 0875 7000 01227336 2	
Beneficiary Bank Information			
Bank Name BANK VONTobel AG			
Street Address ST ALBAN-ANLAGE 58			
City	State/Province	Zip 4052 BASEL	Country
Circle One – Bank: ABA Sort Code SWIFT CHIPS UID		Number: VONTCHZZ	
Intermediary Bank Information (if applicable):			
Bank Name		Account Number	
Address			
City	State/Province	Zip	Country
Circle One - Bank: ABA Sort Code SWIFT CHIPS UID		Number:	
Special Instructions			
REF. 0300740, SDG CAPITAL SA -LOAN ON BEHALF OF TRIADOU SPV SA			
Originator Authorization			
By signing below, I authorize Citibank to execute the above funds transfer instruction in accordance with the Terms and Conditions for Funds Transfers, set forth in this agreement.			
Authorized Signature and Date  5/7/14		2 nd Authorized Signature (if applicable) and Date	
BANK USE ONLY:			
Identification – Authorized Signer 1		Identification – Authorized Signer 2 (if applicable)	
Primary (if DIP/PIC with card or Signature card only forms required)		Primary (if DIP/PIC with card or Signature card only forms required)	
International Wires	Trader's Contract #	Exchange Rate	Foreign Amount
US Dollar Equivalent	Wire Fee	Total Charge (add US dollar and fee)	
Bank Preparer's Signature		Original Document – FC End of Day Wire File Copy to client	

FOR SETTLEMENT PURPOSES ONLY

Wire References

- **Beneficiary's Name:** Compagnie Privée de Conseils et d'Investissements SA
- **Beneficiary References:** REF. 0300740, SDG CAPITAL SA – Loan on behalf of TRIADOU SPV SA".
- **Beneficiary's Bank:** Bank Vontobel AG, St Alban-Anlage 58, 4052 Basel
- **Swift:** VONTCHZZ
- **Clearing:** 8757
- **IBAN:** CH93 0875 7000 0122 7336 2

CONFIDENTIAL
FOR SETTLEMENT PURPOSES
ONLY